

A study of contraception as related to unwanted pregnancy

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Summary: A study was made of 150 women requesting therapeutic abortion. Mechanical failure of the contraceptive method used accounted for unwanted pregnancy in 89 (59%) women. In the remainder no method of contraception was used by either partner. Among women requesting abortion, failure to use contraceptives was commoner in the younger and unmarried than in older and married women.

The data obtained were analyzed in an attempt to explain the failure and avoidance of contraception. Suggestions are made as to how to discourage the use of abortion as a method of contraception.

Résumé: L'étude de la contraception par rapport aux grossesses non désirées

Nous avons étudié les cas de 150 femmes qui demandaient un avortement thérapeutique. Des échecs mécaniques de la méthode contraceptive utilisée expliquaient une grossesse non voulue chez 89 femmes (59%). Parmi les autres femmes, aucun des partenaires ne prenait de précautions. Parmi les femmes qui demandaient un avortement, on trouvait plus de jeunes femmes et de mères célibataires qui n'utilisaient pas de contraceptifs que de femmes plus âgées et de femmes mariées.

Nous avons cherché à savoir, par l'analyse des données recueillies, le pourquoi des échecs des contraceptifs et les raisons qui motivaient l'absence de méthodes contraceptives. Nous avons cherché des solutions au problème de considéré comme contraceptif ultime.

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With the increase in the incidence of elective abortion we now have an opportunity to examine the utilization of contraceptives by women who seek abortions. In the past the use of contraceptives has been thought to correlate with the woman's marital status and her social, religious, economic and educational background. In this study, data on the use of contraceptives were obtained by interviewing 150 women who presented themselves at, or were referred to, the Gynecology Department of the Jewish General Hospital in Montreal and whose requests for therapeutic abortions were considered by the Abortion Committee between April 1971 and March 1972.

Methodology

Our study was carried out in a large urban community hospital available to all strata of society. The patients in our sample were referred by the hospital gynecological clinic and staff gynecologists in private practice. The hospital has always served a large immigrant population. The relatively large proportion of Roman Catholic patients in the group can be accounted for by the fact that therapeutic abortions are not readily available in Catholic institutions in the Montreal area.

All cases considered for therapeutic abortion by the Hospital Abortion Committee were seen by a staff psychiatrist after the diagnosis of pregnancy had been confirmed by a gynecologist. Each patient was evaluated by means of an exploratory psychiatric interview. As a rule the patient's sexual partner, parents and other relatives were not interviewed unless a specific request was made by the individuals concerned. All subjects were personally interviewed on a single occasion only by the author; none had previously been treated by him. All who were seen during the above-mentioned time span were included in the study.

Results

The results are presented in Tables I and II. In 11 cases both partners used some form of contraception. Twenty-one women (14%) relied completely on their sexual partner for using means to prevent pregnancy. Sixty-one women (41%) reported that no method of contraception was used by them or their partners. In 89 (59%) cases the

method used by the patient or her partner, or methods used by both, failed. Four women claimed complete ignorance of contraceptive measures.

Analysis of data

The utilization of contraceptives by different subgroups in our sample was studied. Fifty-one percent of the women interviewed were born in Canada or the United States, 25% came from European countries and 24% from other countries. Forty-seven percent of the women born outside Canada and the United States and 35% of women born in these two countries used no contraceptives nor did their partners. This difference may be interpreted as a trend but is not statistically significant (chi-square 2.05). There were 74 Roman Catholics in our sample of whom 38% did not use contraceptives (nor did their partners) as compared with 43% of non-Catholics. This difference is not statistically significant. There was therefore no significant relationship between cultural and religious attitudes and the use of contraceptives in our group.

Similarly we found little correlation between the level of education and the use of contraceptives. Data on primary and secondary school education were difficult to standardize because many women were educated outside Canada. Also many of the women requesting abortion were still attending school. Although our sample was small we analyzed the use of contraceptives by 21 women who had some level of college education. Of these 21 women eight (38%), along with their partners, did not use contraceptives, while 41% of the whole group did not do so.

When young and single women were examined as subgroups, it was noted that 53% of the women under 25, along with their partners, did not use contraceptives, compared to 33% of women over 25; and 49% of the single women, along with their partners, did not use contraceptives, compared to 32% of married women. These differences are statistically significant (chi-square 6.4 and 4.2 respectively; $P < 0.05$).

The use of denial, "magical thinking" and poor reality testing apply both to the recognition of pregnancy and the perception of the danger of conception. Sixty-six percent of the 32 women who presented themselves for therapeutic abortion during the eleventh week of pregnancy or later did not use contraceptives, as compared with 34% who did not use contraceptives but were evaluated prior to the eleventh week. Poor reality testing in the former group was probably used at the time of conception and later to deal with the unwanted pregnancy.

Discussion and conclusions

Poor utilization of contraceptives has been reported in British studies by Fraser and Steele. Fraser,¹ interviewing women in prenatal clinics of two British hospitals, found that in a total of 582 cases of unplanned pregnancy 70% of women did not use contraceptives. Similarly Steele² found that of 50 women who were seen following an abortion of an unwanted pregnancy, 70% had not utilized contraceptives. Sixty-one couples in our sample did not use any method of contraception.

In our study social, religious and educational background played an insignificant role in the utilization of contraceptives. There is evidence that fewer young and single women use contraceptives than do older and mar-

ried women. Denial of pregnancy and poor reality testing in dealing with the pregnancy was also linked in our group to neglect of contraception at the time of conception.

In studies of unmarried mothers and adolescent pregnancy Kasanin and Handschin³ liken pregnancy to a hysterical dissociative state in which a girl acts out incestuous fantasies toward her father, punishes herself, and at the same time belittles her father. Loss of or lack of fathering, as it relates to the poor utilization of contraceptive measures, was described by McCalister.⁴ According to Littner⁵ and Kravitz, Trossman and Feldman,⁶ who studied unmarried mothers, the wish to become pregnant may also be seen as an unconscious attempt to maintain a precarious identification with one's mother or to have a child vicariously for the mother. The unconscious motivation may be to engage in the sexual act to conceive; the advancing pregnancy is then consciously rejected. These formulations help us to understand the use of denial, "magical thinking" and poor reality testing, but they could not be tested in our sample.

Table I
Demographic data on 150 women seeking therapeutic abortions

Age group	Under 15 1 (1)*	15-20 18 (12)	21-25 39 (26)	26-30 23 (15)	31-35 37 (25)	36-40 26 (17)	41-45 6 (4)							
Marital status	Single 61 (40)	Married 78 (52)		Divorced 7 (5)		Separated 4 (3)								
Country of origin	Canada and the United States 77 (51)				Europe 37 (25)	Other 36 (24)								
Race	White 135 (90)			Black 14 (9)		Other 1 (1)								
Religion	Roman Catholic 74 (49)		Jewish 32 (21)		Protestant 24 (16)	Other 20 (13)								
Educational level	E 17 (11)		EH 74 (49)		EHT 38 (26)	CNC 13 (9)	C 8 (5)							
Employed outside home at time of conception						Yes 63 (42)	No 87 (58)							
Income group	Low 59 (39)			Middle 88 (59)			High 3 (2)							
Number of children	0 40	1 13	2 18	3 12	4 8	5 3	6 3	7 1	8 1	9 0	10 1	11 1	12 1	Adopted 1 2

*Percentages given in brackets.

E Elementary school or equivalent.

EH High school (completed or not completed) or equivalent.

EHT Training (commercial courses, nursing, etc.)

CNC College not completed.

C College or university completed.

Table II

Previous unplanned pregnancies	0	1	2	3	4	5	6										
	102	32	7	3	2	3	1										
Referral source	Hospital gynecological clinic							Private practice									
	51 (33)*							99 (66)									
Number of weeks pregnant when seen by gynecologist	4	5	6	7	8	9	10	11	12	13	14	15	16	18			
	6	8	36	13	30	7	18	6	12	3	7	1	2	1			
Sexual partner	Husband			Male friend				Unknown				Rapist					
	75 (50)			73 (49)				1 (0.5)				1 (0.5)					
Contraceptive method used by woman at time of conception	None	Pill	IUD	Rhythm	Dia-phragm	Contr. foam	Contr. jelly	Vag. sup.									
	82 (55)	3 (2)	5 (3)	35 (23)	4 (3)	12 (8)	3 (2)	6 (4)									
Contraceptive method used by male partner at time of conception	None			Condom				Coitus interruptus									
	118 (79)			24 (16)				8 (5)									

*Percentages given in brackets.

They would more readily apply to young and single women who frequently did not use contraceptives.

The desire to become pregnant is often initiated by a shift in object relationship. Unplanned pregnancy in single women often follows a rejection by a former boyfriend, loss of employment, rejection by a parent, leaving home, etc. In married women an unplanned pregnancy may be the symptom of a deteriorating marriage.

Forty of the 78 married women interviewed described marital problems. The unconscious desire for a child to cement or to re-equilibrate a failing marriage may account for the poor or careless utilization of contraceptive measures. Following conception the ambivalence shifts and the reality of having another child at a time when the marriage is failing, as well as the lack of support from the husband, contribute to the request for an abortion. Further studies are planned to test this hypothesis.

With the increase in the incidence of therapeutic abortions we should be aware that we are now aborting some women who may be prone to *wilful* (but not necessarily premeditated) *exposure to unwanted pregnancy*, a term coined by Lehfelddt.⁷ In a five-year study by Sorrel and Davis⁸ of 100 adolescents who had illegitimate children, 95% had more children and only nine were married at the end of the follow-up period.

In the past many of the women who are now able to obtain a therapeutic abortion either carried to term or had an illegal abortion. There is a danger that abortion itself may be utilized by some women as a method of contraception. Not only have abortion laws been liberalized, but the relative safety of abortion has been overpublicized. In contrast the news media are constantly reporting the many dangers of "contraceptive pills". A recent editorial⁹ in the *Canadian Medical Association Journal* emphasizes the relative risk of abortions, particularly when they are not carried out in specialized settings or are performed at a late stage of pregnancy.

A serious attempt must be made to motivate women who do not use contraceptives and have had therapeutic abortions to accept family planning. Siegel, *et al.*,¹⁰ in their study of client involvement in a public family-planning program, report that successful enrolment is related to the recency of pregnancy. Women are better motivated during their intrapartum and postpartum periods to avail themselves of family-planning program methods. There may also be a similar increase in motivation following abortion. On the other hand abortion is often seen as a punitive procedure which expiates the guilt of sexual

transgression; psychic equilibrium is restored and there is then little motivation to change. Some women at the time of and immediately following abortion express a great deal of hostility towards the putative father and to men in general and consequently harbour the unrealistic belief that contraception will not be necessary because they contemplate prolonged celibacy. In either case supportive reality-orientated psychotherapy or case-work therapy is certainly indicated. A therapeutic alliance can often be established between social worker and client prior to and at the time of hospitalization. Instruction and proliferation of birth control information alone would do little to prevent repetition.

There may also be a strong indication for sterilization in older multiparous women or their partners, particularly when proved contraceptive methods have failed or there is evidence that psychodynamically there is resistance to the proper utilization of contraception. When the unwanted pregnancy is a symptom of marital disturbance marital counselling or family therapy may be indicated.

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